



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOLID WASTE MANAGEMENT PROGRAM  
P.O. BOX 176, JEFFERSON CITY, MISSOURI 65102, or  
205 JEFFERSON STREET, JEFFERSON CITY, MISSOURI 65101

## APPLICATION FOR WASTE TIRE SITE PERMIT

THE PERMIT WILL BE ISSUED TO THE "PERSON(S)" DESIGNATED BELOW AS THE OWNER AND "OPERATOR." "Person" is defined by 260.200.26, RSMo to mean: individual, partnership, corporation, association, institution, city, county, other political subdivision, authority, state agency or institution, or federal agency or institution.

<b>FACILITY NAME</b>		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
LOCATION _____ ¼ _____ ¼, _____ ¼ SECTION _____ TOWNSHIP _____ RANGE _____ COUNTY _____ LATITUDE _____ LONGITUDE _____			
LOCATED IN <input type="checkbox"/> INCORPORATED AREA <input type="checkbox"/> UNINCORPORATED AREA			
<b>OPERATOR</b> ("Person" principally responsible for ongoing management of waste tire site)			
OPERATOR NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
<b>OWNER</b> ("Person" which appears on general warranty deed as property owner)			
OWNER NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
<b>OPERATIONAL INFORMATION</b>			
NUMBER OF WASTE TIRES ON SITE WHOLE _____ CUT _____ CHIPPED _____ SHREDDED _____			
YEARLY ESTIMATED MAXIMUM NUMBER OF WASTE TIRES TO BE STORED WHOLE _____ CUT _____ CHIPPED _____ SHREDDED _____			
TYPE OF OPERATIONS: STORAGE: <input type="checkbox"/> OUTSIDE ABOVEGROUND <input type="checkbox"/> INSIDE <input type="checkbox"/> IN TRAILERS <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____ PROCESSING: <input type="checkbox"/> CUTTING, CHIPPING, SHREDDING (PLEASE SPECIFY) _____ <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____			
We the undersigned certify that the information contained herein is true and complete and that the management of waste tires will comply with the requirements of the Missouri Solid Waste Management Law and Rules. We understand that in the event of any false or fraudulent information in the application or of failure to operate in compliance with the applicable laws and rules, the permit may be revoked after due notice from the Department of Natural Resources. We understand the permit is issued jointly to the owner and operator, as designated above, and that the permit is not transferable.			
SIGNATURE OF OPERATOR (OR AUTHORIZED REPRESENTATIVE)		DATE	
PRINT <b>NAME AND</b> TITLE OF THE INDIVIDUAL WHO SIGNED ABOVE FOR THE OPERATOR			
SIGNATURE OF OWNER (OR AUTHORIZED REPRESENTATIVE)		DATE	
PRINT <b>NAME AND</b> TITLE OF THE INDIVIDUAL WHO SIGNED ABOVE FOR THE OWNER			